

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4							54						
5							55						
6	1						56						
7	1						57						
8	1						58						
9	1						59						
10		1					60						
11		5					61						
12		5					62						
13		5					63						
14		5					64						
15		5					65						
16		5					66						
17		5					67						
18		5					68						
19		5					69						
20	1						70						
21		1					71						
22		1					72						
23		1					73						
24		5					74						
25		5					75						
26		5					76						
27		5					77						
28		5					78						
29		5					79						
30	1						80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40	1						90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	92						TOTAL DEP.						
TOTAL CLAIMS	100						TOTAL CLAIMS						